V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Sarrelf	Registration Dist. No. 16016
Village or City Deer Park Md	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if ol loreign birth?yrsmosds.
2. FULL NAME Vera Padabases &	Allen/
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLON OR PLACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marsilla	21. DATE OF DEATH (Worth) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Callen	22. I HEREBY CERTIFY. That I attended deceased from 1932, to aug 8" 1932
1 DATE OF DIRTH	I last saw here alive on alleg 7", 19 32; deeth is said
6. DATE OF BIRTH (month, day, and year) 2, 889 7. AGE Years Months Devs If LESS than	to have occurred on the date stated ebove, at $81/3$ $\alpha_{\rm e,m}$, 19 ; deeth is said
# 43 #3 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Jourse Wife SAWYER, BOOKKEPER, etc.	/No. + +++
9. Industry or business in which	Orionic Mersinal rephretis
work was done, es SILK MILL, SAW MILL, BANK, etc.	/
O TO. Date decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sheunson /	Other Contributory Causes of importance:
(State or country)	
13. NAME Sence Sadabanoto	
13. NAME Ally Salabangh	Neme of operation Date of
(State or country) 3h 24	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Case The State of Control of	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Clarky gary	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SALEMANT AND A MISSIAN AND AND AND AND AND AND AND AND AND A	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATIN, OR REMOVAL	Manner of Injury
Place Shundon Dately 10, 1927	Nature of Injury
19. UNDERTAKER Cross Solden	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 8/9/, 1932 Mro Celha Penley Registrati	(Signed) Venuy () (Signed) M.D. (Address) (Sulland) Md,
If more blocks are all the Control	N. O. I. C. D. I.

1.6-6. 816

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

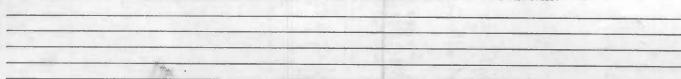
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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(Address)

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

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Other contributory causes of importance:		Other contributory causes of importance:	
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1. PLACE OF DEATH	79°a
County Garrett	Registration Dist. No.
Village or City Gomania, Mdo.	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Harry Darwin Be	tte
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 0110 19 1932	I last saw h rin alive on any 22 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were es follows: Menengilie Okari
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chry 21/202
9. Industry or business in which	214/154
SAW MILL, BANK, etc	
O 10. Date deceased lest worked at this occupation (month and yeer)	
de la constantination	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) AS Mulusu, W. (Co:	
Description of the second of t	
13. NAME Noy Butto	
(Stete or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Daise C. Valure	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
D. A. D. H.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT OF OSUM	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 10 20 1 W. Date aug 23-, 1922	Nature of injury
19. UNDERTAKER F. Sharfler	24. Was disease or injury in any way related to occupation of deceased?
Que 62/ 52/Ce 1/1-	If so, specify
20. FILEDULY VI, 19 VI / Baswel Registrar.	(Signed) W. 7, Dimentalli M. D.
Registrar,	(Address) Jamasune, will a

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis TES / 1	3 days ago
Other contributory causes of importance:	¢	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
			1			

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S.	TATE OF	MAR	YI AND—	CERTIFICATE OF DEATH 08852	
1. PLACE OF DEAT	1	MAIN	LAND	(200-0)	
County	Max	mari		Registration Dist. No. / 6 2	
	1 - 1-	-1/			
Village or City	V. DUNIVEDI.	Mul.	(lf	No. St., Steath occurred in a hospital or institution, give its NAME instead of street and number)	_Ward
Length of residence in cit	ly or town where deal	th occurred/	/yrsmos.		ds.
2. FULL NAME	Elswa	with	Marsel	les Lagrer	
(a) Residence: No		. (Usual place	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AN	D STATISTIC			MEDICAL CERTIFICATE OF DEATH	
male 4. color	R OR RACE 5.	. SINGLE, MAR OR DIVORCE	RRUD, WIDOWED.	21. DATE OF DEATH (Mopth) (Day) (Ye.	
5a. If merried, widowed, or divor	rced				
(or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased	4-trom
	9	.4 -	-1932		to some
6. DATE OF BIRTH (month, day 7. AGE Years	y, and year) fuw Months	Days	If LESS than	I last saw h	is seid
7. AGE TOURS	2	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8. Trede, profession, or pa kind of work done, SAWYER, BOOKKEE	articular	2000	VI	Date of	ofonset
SAWYER, BOOKKEE	PER, etc	run	~		
kind of work done, or SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, e 10. Date deceased last wor	which SILK MILL,			Natural causes no further infor-	
10. Date deceased last work	rked at	11. Total f	tlme (years)	motion Crug B.	
this occupation (mon	ith end	spa	entin this upation		
12. BIRTHPLACE (city or town)	boreap	lown		Other Contributory Causes of importance:	
(State or country)	illegan	y Co	md		
13. NAME YEARS	Element	The o	Lagur		
13. NAME / Sargar	lwn)		- /	Name of operation	
(State or country)	n	vol		What test confirmed diagnosis? Was there an eutopsy?.	
15. MAIDEN NAME	arriv	muje	no	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or too	2	1		Accident, suicide, or homicide?	
(State or country)	M	1d	1	Where did injury occur?	
17. INFORMANT 1979	& Elaw	orth	Lagery	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR R	EMOVAL A	1		Manner of injury	
Plece MM- (fur	n Consil	any and	9// 1932	Nature of injury	
19. UNDERTAKER IF	- Illian	Mark	wg	24. Was disease or injury in any way related to occupation of deceased?	18
1 0 - 9	1932	674	Diel	(Signed)	-1-1-24

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STRAL U.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYL	AND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County Sarrett	Registration Dist. No. / 6 3
Village or City R.J. D. #>	NoSt.,W
Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number) yrs
	7 % 100
2. FULL NAME fack del	Mc/ enzu
(a) Residence: No. (//Low fundamental (Usual place of ab	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU	
male white 5. SINGLE, MARRIED OR DIVORCED (w	
a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended decaasad f
(or) WIFE of	any 14 1932 10 and 16 192
DATE OF BIRTH (month, day, and year)	-35 I last saw from alive on any 15 , 19 32 death is
AGE Yaars Months Days	If LESS than to have occurred on the date stated above, at 1100 A-m.
	day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date Enterity Que
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7/9
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 thidustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	(vagra)
this occupation (month and spant in occupation occupation)	this
A	Other Centributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	md
	, , , , , , , , , , , , , , , , , , , ,
Marout 1 May	Name of operation
14. BIRTHPLACE (city or town)	What test confirmed diagnosis Clary Local Awas there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State er country)	Where did injury occur?
7. INFORMANT House & Miss	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Date Oug [Manner of injury
2001	Natura of injury
9. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify. (Signed)
20. FILED ang 12, 19 32 V Stornfel	Registrar. (Address) FAST FREE FORD
If more blanks are needed, addre	1 W W Cool C Mig

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Cerebral hemorrhage	July 5,1927	Peritonitis 3 days ago
		1695 S 1635
Ot contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(59)
County Garrett	Registration Dist. No. 17/
Village or City Dry Russ	No. St., Ward
11 160	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Thomas Piley	mus who
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (swrite (he word))	21. DATE OF DEATH
Married Married	(Month) (Day) (Year)
5a. If married, widowed, of divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
Que May Murchy	, 19 , 10 , 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days II LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
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kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
	Other-Contributory Courses of importance:
12. BIRTHPLACE (city or town) Mineral (b) 17. VC	
13. NAME John Murphy	
13. NAME The Third town 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Thebe Cum O, Have	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT I M. Mulleberg	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Translavelle 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dry Run Cometer Opto ang 4, 1932	Naturo of injury
19. UNDERTAKER Am. Westerberg	24. Was disease or injury In any way related to occupation of deceased?
(Address) Grantovelle	If so, specify
20, FILED aug 4, 1832 B. Email	(Signed) B. Cyrony Tocal, Remp.
Registrar	(Address) 3 State Baltimore Percentage 73 S. No.

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state RECORD. Every item of infor-

Exact statement of OCCUPA-

V. S. No. 1

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
C. C. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08855
UPA	1, PLACE OF DEATH	
	01 ++	169 169
-		Registration Dist. No. 7
Ì	Village or City Lleer Cark, Md.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos	
	2. FULL NAME alice Greenwell O	rhello
	(a) Residence: No.	St., Ward.
10	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 / 9	1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
9.	5a. If married, widowed, or divorced HUSBAND of	22/ I HEREBY CERTIFY. That I ettended deceased from
	(or) WIFE of Colored Or Vello	ruly 24" 1932 to allgub 2" 1932
	6. DATE OF BIRTH (month, day, end year) Feb. 3. 1866	Plast saw h Lr alive on august 1", 19 32; death is seid
~	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. 3 0 A _ m.
	5 30 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8 Trade profession or particular	Date of onset
	kind of work done, as SPINNER Albert Largeloyle SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. I.I. Total time (years) spant in this spant in this	Arterio sclerosis
	9 Industry or business in which work was done as SLIK MILL	
110.	work was done, as SILK MILL, SAW MILL, BANK, etc.	
	- Marie occupation (month one	
-	year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Washing Non W- (State or country)		Miliary angurisms Causing
		Cerebral hemorrhage
1111	13. NAME Benjamin Stelnwell	*
1	13. NAME Benjamin Greenwell 14. BIRTHPLACE (city or town) St.: Mary's County	Name of operation
-	. (State of Country)	What test confirmed diagnosis? Wes there en eutopsy? 20_
	15. MAIDEN NAME Colin abeth Smith 16. BIRTHPLACE (city or town) Baltimore Ind. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
100	16. BIRTHPLACE (city or town) Dallimore Mal.	Accident, suicide, or homicide? Date of injury, I9,
	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Le dith 9. Orme	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Washington, U.C. Date 8-5-, 1932	Nature of injury
CAUSE TION is	19. UNDERTAKER Commy Bolden	24. Was disease er injury in eny way related to occupation of deceased?
	(Address) Outlined 1210	If so, specify - 1/
	Jana 3 Banolallable	(Signed) fenry Wheeler // (Jmas, M.D.
	Registrar.	(Address) Calland Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	İ	Example II	٠.	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

	-
No. 1	
V. 83.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(22-8)		
County Danett	Registration Dist. No. 172		
Village or City of the Yould	NoSt.,Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2000	A		
2. FULL NAME Jank froum Jany			
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Inch 14 - 1932	I last saw Music alive on aug 18, 1932; death is said		
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3P, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Entero Calitio July 145 2		
10. Date deceased last worked at this occupation (month and spent in this	acute Intus 4 pption 9 bowel aug 18-32		
12. BIRTHPLACE (city or town) be cuttout and and (State or country)	Other Contributory Causes of importance:		
13. NAME Robert M Pangh 14. BIRTHPLACE (city or town) Lieu Park (State or country)	proper feating		
14. BIRTHPLACE (city or town) with back back	Name of operation		
(State of Country)	What test confirmed diagnosts? Was there an autopsy?		
15. MAIOEN NAME (Signature 15. MAIOEN NAME (Signature 16. BIRTHPLACE (city or town) / willy will (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT Robert In Saugh (Address) been Bark In S	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMOTON, OR REMOVAL Place Date Date 1938	Manner of injury		
19. UNDERTAKER That that the way the same of the same	24. Was disease or injury in any way related to occupation of deceased?		
20. FILESLUG 19, 37 ad Barriel Registrar.	(Signed) A. H. Jidler M. D. (Address) Blance WY		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	42	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- GBAISDEN	
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones Ma		Gastroenteritis	1 year
			L

H UNFADING INK-THIS IS A PERMANEN

EXACTL properly classified.

stated

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

V. S. No. 1

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	[3]
County Yarett	Registration Dist. No. / 6
Village or City ysantasille (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME anna Paleman	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple OWhite Garred	21. DATE OF DEATH (Month) 193 3 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of leharles At Polemon	22. I HEREBY CERTIFY, That I attended deceased from 19.32 to any 25, 19.32
6. DATE OF BIRTH (month, day, and year) June 16 - 1872	I last saw h_en_ alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3 - 4 m.
60 2 14 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebral hemorrhage ang 23,3
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the same of the	Chronix dulerotated repliets:
11. Total time (years) this occupation (month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city of town)	Other Contributory Causes of importance:
13. NAME O Saill yesteltu	
13. NAME Jack ylolfelty 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Mary Hostelly	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Hostelly 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT leharles of Perleman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mount from Date 8 - 31 , 1932	Manner of Injury
19. UNDERTAKER Mm. Minterway (Address) your trulle	24. Was disease or injury in any way related to occupation of deceased?
20 EUED ang 31 1031- 6740:00	(Signed) M.D.

HARSE.

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial ncphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage J		Peritonitis	3 days ago
•		G3A13038	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 088	57
1. PLACE OF DEATH	(31)	
County Yarrell	Registration Dist. No. 12	
Village or City Vindy Md.		Ward
Length of residence in city or town where death occurredyrs,mog.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME Forence Eventh of	+ N	
	St., Ward.	
(a) Residence: No. (Usual place of abode)	1f nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male While 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH aug 24, 193 (Month) (Day) (Yea	2/ Ir)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased	from
6. DATE OF BIRTH (month, day, and year)	lest saw h iss alive on aug. 24 , 1932; death is	s said
7. AGE Years Months Days If LESS than	to have occurred on the date stated blove, at 2 P. m.	
9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
8. Trade, profession, or particular kind of work done as SPINNER	- A	
kind of work done, es SPINNER, farule SAWYER, BODKKEEPER, etc. Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chr. Varenchymatous Nephritis 193	0
work was done, as SILK MILL, SAW MILL, BANK, etc.		
Do Date decessed last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Places	Bther Coutributory Causes of importance:	
(State or country)	Hypertension 19	32
13. NAME thas Harp		
13. NAME The Harp 14. BIRTHPLACE (city or town) Bettinger	Name of operation	
(State or country)	What test confirmed diagnosis? Wes there en autopsy?_	
15. MAIDEN NAME Orma Sharpless	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Garrett Co	Accident, suicide, or homicide?, f9_	
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Chao States (Address) Vinder 111 0	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL Place M. Jion Date Ly 26, 1932	Manner of injury	
19. UNDERTAKER O Fr Shankless	24. Was disease or Injury in any way related to occupetion of deceased?	
(Address) Blaine WVa	If so, specify	
	(Planed)	44 0

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1885)
1. PLACE OF DEATH	<u> </u>
County Marrays	Registration Dist. No. / 6
Village or City Grantoville	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residenca In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	varage
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug 3, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and 13 - 1932	I last saw Ir alive on
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, etm.
O O I day, On hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	full born
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	# tramalure birth #
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at II. Total time (yeers)	
10. Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Tronge William Swanger	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carrier Spirer	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Trongs Vallage Swangs	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAZZON, OR REMOVAL	Manner of injury
Place Swanger Jarres Date Aug 13, 1932	Nature of injury
19. UNDERTAKER Elmor & Deachy (Address) yrands oill	24. Was disease or injury in any wey related to occupation of deceased? If so, specify
20. FILED Quy /3, 19.32 674 Quil	(Signed) Lill Lower 1/2 May (Address) Lower wills
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Date of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 Tuly 5,1927	1921 Run over by street car (uly 5,1927 Peritonitis Other contributory causes of importance:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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eri:	
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Registration Dist. No. 166
10 U: -1-+ C+
10 He mis 4 C 4
No. 18 - Hight St. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
sds. How long in U.S. if of foreign birth?yrsmos
1 Jr.
St Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH August, 24,/193293 (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased fr raug. 19 19 32, to Aug. 24 192
I last saw h; death is say
to have occurred on the date stated above, at
were as follows:
(Clessee)
Dther Contributory Causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Manner of injury
- Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
(Signed /,) I sulface M. (Address) Last V. M.
(

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: EngEVA A Attack of epilepsu Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

	F MARYLAND-	CERTIFICATE OF DEATH 08	861
1. PLACE OF DEATH		92:0	1/
County garrett p	n	Registration Dist. No.	66
Village or City 700 : 12	he ark	No. St., death occurred in a hospidal or institution, give its NAME instead of street and	Ward
Length of residence in city or town where de			
2. FULL NAME Tillie	graves was	liberry	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	d State
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
Ternale white	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay)	, 193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	. O. Purson	22. I HEREBY CERTIFY, That I attended	deceased from
11	ALC COURT	1931, to any 17	, 19 3 2
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 6, 39 Pm	; death is said
73 " 3	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade protession or particular	7 0 ormin.	were as follows:	Oate of onset
SAWYER, BOOKKEEPER, etc.	elicid	Cherry Endo cardier	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Etumia arthitis	
SAW MILL, BANK, etc	11. Total time (years)	6 homes More hiles	
this occupation (month and year)	spent in this	Usali butuitis	7 4 mys
12. BIRTHPLACE (city or town) Home	al Districe	Other Contributory Causes of importance:	
(Stata or country)	2. 44.0		
II 13. NAME Bauners	graves		
14. BIRTHPLACE (city or town)	Lown	Name of operation Data of	
(State of country)		What test confirmed diagnosis? Was there an	autopsy? 74-
16. BIRTHPLACE (city or twn)	Charlton	23. If death was dua to external causes (VIOLENCE) fill in also the followin	g:
0 16. BIRTHPLACE (city or town)	noun	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	A. D.	Where did injury occur? (Specify city or town, county and Sia	ite)
17. INFORMANT Lactolle W.	Me tracke	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 3 713 - 35 L 18. BURIAL, CREMATION, OR REMOVAL	white of	Manner of injury	
Place Wash. DC.	Date aug. 19, 1932	Natura of injury	
TO HUNDEDTAKED TO F Q	02.1		n •
19. UNDERTAKER D. C. S. (Address)	ed and	If so, specify	
20, FILED Aug 11 1932 Jul	in Rayman	(Signed) M. J. Thousewaler	M, D
20, 11201-1	Registrar.	(Address) Our e and Ma	
If more bl	anks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

08862

1. PLACE OF DEATH					93-0		
County Garrett Village or City Oakland, Maryland.					Registration Dist. No. 166	3	
					No. St.	Ward	
	Length of residence	in city or town where a	leath occurred		death occurred in a hospital or institution, give its NAME instead of street and		
		Carlo			yisyis.	10505.	
2.		William					
	(a) Residence: N	vo. Vantaii	d, Mary] (Usual place)	of abode)	St., Ward. If nonresident give city or town an	d State	
	PERSONAL	AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	-	
3. S		color or race White	5. SINGLE, MARI OR DIYORCEL WICOWO	RIED, WIDOWED, (write the word)	21. DATE OF DEATH August, 5, 1932	., 193(Year)	
5a. l	If married, widowed, or	r divorced	. W		, , , , , , , , , , , , , , , , , , , ,		
	(m)-WIFE of DO	phia Stah	T weich		April, 30 132 to Aug. 5/32 19 2		
6. D	ATE OF RIRTH (mont	h, day, and year) Ma	rch.31.	1861	Hast saw h.im alive on July, 20,/32,19		
7. A		Months	Days	If LESS than	to have occurred on the date stated above, atm.	-, 4646113 3414	
73	1	4	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Z	8. Trade, profession, or particular					Date of onset	
OCCUPATION	SAWYER, BOO		etirea -	armer	Chronic Myocorditis	1931	
UPA	work was done	ess in which e, as SILK MILL, NK, etc				-	
ဗ္ဗ	10 Date deceased las	t worked at	11. Total ti				
	year)	(month and TT/T)	931 E	The Life			
12.	BIRTHPLACE (city or t (State or country)	Wineral	West.	Va,	Other Contributory Couses of importance:		
ER	13. NAME Fer	dinand W	elch				
FATHER	14. BIRTHPLACE (city	or town) U.S.A	•		Name of operation Date of		
	(State or count	try)			What test confirmed diagnosis? Was there an		
HH-		Hester Ju			23. If death was due to external causes (VIOLENCE) fill In also the followin	g:	
MOTHER	16. BIRTHPLACE (city (State or coun	or town) U.S. I	A •		Accident, suicide, or homicide? Date of injury Where did injury occur?		
17. INFORMANT Bert M. Welch (Address) Oakland. Md.					(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. E	BURIAL, CREMATION,	OR REMOVAL		1	Manner of injury		
	Place Ua.K.La.	nd, Md.	Date 8/8	/32 ,19	Nature of injury		
19. 1	JNDERTAKER G. G. (Address) Eg.	W. Schrock			24. Was disease or Injury In any way related to occupation of deceased?		
20. F	FILED 8/7/32	19 July	1	Registrar.	(Signed) Valland, Mg (Address)	M. D.	
		1. 1 0 10			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	119 08863
County Garrett	Registration Dist. No. 166
Village or City Crellin, Maryland.	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town whara death occurred vrs mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harold Wilson	3Ji3Ji3Ji3
(a) Residence: No. Crellin. Md.	0 10 11
(a) Residence: No. UPELLINA M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Infant	21. DATE OF DEATH August, 25, 193293 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Son of Samuel Wilson	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) and 10% / 932 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	ware as follows.
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and spant in this	Wearher and Entereties Sick about 3 day
12. BIRTHPLACE (city or town) Crellin Maryland (State or country) Garrett County	Other Contributory Conses of Importance: Secure a physician
13. NAME Samuel Wilson 14. BIRTHPLACE (city or town) Oakland, Maryland (State or country) Garrett, Co.,	Name of operation Date of What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Alice Bowser 16. BIRTHPLACE (city or town) Sines, Maryland (State or country) Garrett, Co.,	23. If death was dua to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Samuel Wilson (Addrass) Crellin. Md.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Morris Friend Cemetery 8/26, 19 32	Manner of injury
19. UNDERTAKER Emory Bolden (Addrass) Oakland, Maryland, 20. FILED 8/25/32 19 White Kowan	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed Lia Toqua Callette M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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0	ms	